09/ 4858\$

**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09785858

| CLAIMS AS FILED - PART I (Column 1)                          |  |   |                   |                    |                              | ~~ 2)                                |          | SMALL EN            |                        | <b>~</b> | OTHER                                  |                        |  |
|--|--|---|-------------------|--------------------|------------------------------|--------------------------------------|----------|---------------------|------------------------|----------|--|------------------------|--|
| TO   | TAL CLAIMS   |   | (COIGINIT 1)      |                    | (Column 2)                   |                                      | ľ        | RATE                | FEE                    | OR<br>I  | SMALL I                                | FEE                    |  |
|  |  | ······································      |                   |                    | AU DAD                       | D EVTRA                              |          | BASIC FEE           | 355.00                 |          |  | 710.00                 |  |
| FOR NUMBER FILE  |  |   |                   |                    | NUMBE                        | ER EXTRA                             |          | BASIOTEE            | 333.00                 | ОН       |  |                        |  |
| TOTAL CHARGEABLE CLAIMS 2/0 minus 20= *                      |  |   |                   |                    |                              | 20                                   |          | X\$ 9=              |                        | OR       | X\$18=                                 | 360.00                 |  |
|  | EPENDENT CLA   |   |                   | nus 3 =            |                              |                                      |          | X40=                |                        | OR       | X80=                                   |                        |  |
| MU   | LTIPLE DEPEND  | DENT CLAIM P                                | RESENT            |                    | <del></del>                  |                                      |          | +135=               |                        | OR       | +270=                                  |                        |  |
| * If   | the difference i   | in column 1 is                              | less than ze      | ro, ente           | r "0" in c                   | olumn 2                              |          | TOTAL               |                        | OR       | TOTAL                                  | 1070,00                |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |  |   |                   |                    |                              |                                      | <u>L</u> | OTHER THAT          |                        |          |  |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                   | PREVI              | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                     |          | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                                   | ADDI-<br>TIONAL<br>FEE |  |
| MON  | Total  | . 12  | Minus             | 2                  | $\bigcirc$                   | =                                    |          | X\$ 9=              |                        | OR       | X\$18=                                 |                        |  |
| AME  | Independent  | • )   | Minus             | TAIDEAS            | SCI AIM                      | = ~                                  |          | X40=                |                        | OR       | X80=                                   |                        |  |
| L  | FIRST PRESE  | NTATION OF M                                | ULTIPLE DEP       | ENDEN              | CLAIM                        |                                      | J        | +135=               |                        | OR       | +270≃                                  |                        |  |
| ٨  | 1)1  |   |                   |                    |                              |                                      |          | TOTAL<br>ADDIT, FEE |                        | OR       | TOTAL<br>ADDIT. FEE                    |                        |  |
| (  | 1.10-04  | (Column 1)                                  |                   | (Colu              | mn 2)                        | (Column 3)                           |          | ADDIT. FEL          |                        | •        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                   | NUM<br>PREVI       | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                     |          | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                                   | ADDI-<br>TIONAL<br>FEE |  |
| MQ   | Total  | $\cdot$ $\mathcal{I}$                       | Minus             | <b>/**</b>         |                              | =                                    |          | X\$ 9=              |                        | OR       | X\$18=                                 |                        |  |
| ME   | Independent  | (1)   | Minus V           | ***                |                              | <u>l-</u>                            | 1        | X40=                |                        | OR       | X80=                                   |                        |  |
|  | FIRST PRESE  | NTATION OF M                                | ULTIPLE DEP       | ENDEN              | CLAIM                        |                                      |          | +135=               |                        | OR       | +270=                                  |                        |  |
|  |  |   |                   |                    |                              |                                      | ı        | TOTAL               |                        | OR       | TOTAL<br>ADDIT, FEE                    |                        |  |
|  |  | (Column 1)                                  |                   | (Colu              | ımn_2)                       | (Column 3                            |          | ADDIT. FEE          |                        | •        | ADDIT. I CC                            |                        |  |
| MENDMENT C   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                   | HIG<br>NUI<br>PREV | HEST DUBER LIOUSLY DEFOR     | EST A<br>EXTRA                       | Y        | ILABI<br>RATE       | ADDI-<br>TIONAL<br>FEE | PP       | RATE                                   | ADDI-<br>TIONAL<br>FEE |  |
| PM   | Total  | *   | Minus             | **                 |                              | =                                    | ┛┃       | X\$ 9=              |                        | OR       | X\$18=                                 |                        |  |
| AMEI   | Independent  | •   | Minus             | •••                |                              | =                                    | 4        | X40=                |                        | OR       | X80=                                   |                        |  |
| Ľ  | FIRST PRESE  | NTATION OF N                                | IULTIPLE DEI      | PENDEN             | IT CLAIM                     |                                      | ا لـ     | +135=               |                        | 1        |  |                        |  |
|  | If the entry in colu   | mn 1 is less than                           | the entry in colu | ımn 2, wri         | ite "0" in co                | S nmuk                               |          | TOTAL               |                        | OR       | TOTAL                                  |                        |  |
| **   | If the "Highest Nu   | mber Previously I                           | Paid For IN THI   | IS SPACE           | is less that<br>is less th   | an 20, enter "2"<br>an 3. enter "3." |          | ADDIT. FEE          |                        | OR       | ADDIT. FEE                             |                        |  |
|  | ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1. |   |                   |                    |                              |                                      |          |                     |                        |          |  |                        |  |

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| CLAIMS AS FILED - PART I (Column 1)                                      |   |   |                   |              |                                 | nn 2)            | SMALL ENTITY TYPE |                     |                        | OTHER THAN OR SMALL ENTITY |                         |                        |
|--|---|---|-------------------|--------------|---------------------------------|------------------|-------------------|---------------------|------------------------|----------------------------|-------------------------|------------------------|
| TOTAL CLAIMS   |   |   | ~ D               |              | (Column 2)                      |                  | •                 | RATE                | FEE                    | UN<br><b>[</b>             | RATE                    | FEE                    |
|  |   |   | NUMBER FII        |              | NUMBER EXTRA                    |                  |                   | BASIC FEE           | 355.00                 | OR                         | BASIC FEE               | 710.00                 |
| FO   | ·   |   |                   |              |                                 |                  |                   |                     |                        |                            |                         |                        |
| TOTAL CHARGEABLE CLAIMS 4/0 minus 20                                     |   |   |                   |              | •                               | 20               |                   | X\$ 9=              |                        | OR                         | X\$18=                  | 360.00                 |
| INDEPENDENT CLAIMS 3 minus 3 =   |   |   |                   |              |                                 |                  |                   | X40=                |                        | OR                         | X80=                    |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |                   |              |                                 |                  |                   | +135=               |                        | OR                         | +270=                   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                   |              |                                 |                  | i                 | TOTAL               |                        | OR                         | TOTAL                   | 1070,00                |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |   |   |                   |              |                                 |                  | <u>L</u>          | SMALL E             | NTITY                  | OR                         | OTHER THAN SMALL ENTITY |                        |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                    | ADDI-<br>TIONAL<br>FEE |
| DME  | Total   | \\  | Minus/ ()         | **           |                                 | =                |                   | X\$ 9=              |                        | OR                         | X\$18=                  |                        |
| MEN  | Independent   | . OR                                      | Minus             | ***          |                                 | =                |                   | X40=                |                        | OR                         | X80=                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                   |              |                                 |                  | J                 | +135=               |                        | OR                         | +270=                   |                        |
| 2  | 0.4.5   |   |                   |              |                                 |                  | ļ                 | TOTAL<br>ADDIT, FEE |                        | OR                         | TOTAL<br>ADDIT. FEE     |                        |
| 5  | ×4.03   | (Column 1)                                |                   | (Colu        | ım <u>n 2)</u>                  | (Column 3)       | _                 |                     |                        |                            |                         |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUI<br>PREV  | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                    | ADDI-<br>TIONAL<br>FEE |
| OME  | Total   | . 12-1                                    | Minus             | 🛇            | 70                              | =                |                   | X\$ 9=              |                        | OR                         | X\$18=                  |                        |
| MEN  | Independent   | . 11                                      | Minus             | (            | 3_                              | =                | 1                 | X40=                |                        | OR                         | X80=                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                   |              |                                 |                  | L                 | +135=               |                        | OR                         | +270=                   |                        |
| ,  | A   |   |                   |              |                                 |                  |                   | TOTAL               |                        | OR                         | TOTAL                   |                        |
|  | 7, 31,03  |   |                   | 40-1         |                                 | (Column 3        |                   | ADDIT. FEE          |                        |                            | ADDIT. FEE              |                        |
|  |   | (Column 1)<br>CLAIMS                      |                   |              | umn 2)<br>HEST                  | RECT A           |                   | HI ARI              | MODI.                  | UD.                        | V                       | ADDI-                  |
| NTC  |   | REMAINING<br>AFTER<br>AMENDMENT           |                   | PREV         | MBER L<br>/IOUSLY<br>D FOR      | EXTRA            |                   | ILABI<br>RATE       | TIONAL<br>FEE          | <b>'</b>                   | RATE                    | TIONAL<br>FEE          |
|  | Total   | . /3                                      | Minus             | ** 0         | 40                              | =                |                   | X\$ 9=              |                        | OR                         | X\$18 <b>=</b>          |                        |
| AMENDMENT  | Independent   | • /                                       | Minus             | •••          | 3                               |                  | _                 | X40=                |                        | OR                         | X80=                    |                        |
| Ľ  | FIRST PRESE   | NTATIÓN OF A                              | JULTIPLE DEF      | ENDE         | NT CLAIM                        |                  |                   | .405                |                        | 1                          | 1270-                   |                        |
|  | If the entry in colu  | ma 4 la laca than                         | the entry in only | mn 2 w       | rite "O" in o                   | olumn 3.         |                   | +135=               |                        | OR                         | +270=                   |                        |
| ***  | If the "Highest Nic   | mher Previously                           | Paid For IN THI   | S SPAC       | E is less th                    | an 20, enter 2   | 0.                | ADDIT. FEE          |                        | OR                         | ADDIT. FEI              | <u> </u>               |
| "  | ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                   |              |                                 |                  |                   |                     |                        |                            |                         |                        |

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| CLAIMS A   | l<br>(Colun               | nn 2)                           | _                        | SMALL ENTITY TYPE |                     |                        | OTHER<br>SMALL |                     |                        |  |
|--|---------------------------|---------------------------------|--------------------------|-------------------|---------------------|------------------------|----------------|---------------------|------------------------|--|
| TOTAL CLAIMS   | 40                        |                                 |                          | ſ                 | RATE                | FEE                    |                | RATE                | FEE                    |  |
| FOR  | NUMBER FILED              | NUMBER EXTRA                    |                          |                   | BASIC FEE           | 355.00                 | OR             | BASIC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  | ٠                         | 20                              | ı                        | X\$ 9=            |                     | OR                     | X\$18=         | 360.00              |                        |  |
| INDEPENDENT CLAIMS   | 3 minus 3 =               | •                               | 0                        |                   | X40=                |                        | OR             | X80=                |                        |  |
| MULTIPLE DEPENDENT CLAIM F   | RESENT                    | •                               |                          |                   | +135=               |                        |                | +270=               |                        |  |
| * If the difference in column 1 is   | less than zero, ente      | r "0" in c                      | olumn 2                  |                   | TOTAL               |                        | OR<br>OR       | TOTAL               | 1070,00                |  |
| 2.16.0/ CLAIMS AS (Column 1)   |                           | SMALL E                         | NTITY                    | OR                | OTHER<br>SMALL      | THAN                   |                |                     |                        |  |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent  Total  | NUM<br>PREVI              | HEST<br>MBER<br>OUSLY<br>FOR    | (Column 3) PRESENT EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Total ·  | Minus **                  | )                               | =                        |                   | X\$ 9=              |                        | OR             | X\$18=              |                        |  |
| Independent •  | Minus / I lead            | ر<br>                           | =                        |                   | X40=                |                        | OR             | X80=                |                        |  |
| FIRST PRESENTATION OF N  | IULTIPLE DEPENDEN         | TCLAIM                          |                          |                   | +135=               |                        | OR             | +270=               |                        |  |
| 10   |                           |                                 |                          | ı                 | TOTAL               |                        |                | TOTAL<br>ADDIT. FEE |                        |  |
| 3./9.0 (Column 1)  | (Colu                     | ımn 2)                          | (Column 3)               |                   | ADDIT. FEE          |                        |                | ADDII. FEE          |                        |  |
| CLAIMS<br>REMAINING  | NUM<br>PREV               | HEST<br>MBER<br>IOUSLY<br>) FOR | PRESENT<br>EXTRA         |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Total •  | Minus                     |                                 | =                        |                   | X\$ 9=              |                        | OR             | X\$18=              |                        |  |
| Total  | Minus                     |                                 | -                        |                   | X40=                |                        | OR             | X80=                |                        |  |
| FIRST PRESENTATION OF M  | MULTIPLE DEPENDEN         | CLAIM                           |                          | •                 | +135=               |                        | OR             | +270=               |                        |  |
| 0 00   |                           |                                 |                          | ı                 | TOTAL<br>ADDIT, FEE |                        | OR             | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1)   | (Colu                     | ımn 2)                          | (Column 3)               |                   |                     |                        |                |                     |                        |  |
| CLAIMS<br>REMAINING  | HIG<br>NUI<br>PREV        | MBER DIOUSLY DIFOR              | EST AN<br>EXTRA          | VA                | LAB<br>RATE         | ADOI-<br>TIONAL<br>FEE | P              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Total • 🕥  | Minus 1**                 |                                 | =                        |                   | X\$ 9=              |                        | OR             | X\$18=              |                        |  |
| Total • Independent • CIPCY PRESENTATION OF  | Minus /                   |                                 | =                        |                   | X40=                |                        | OR             | X80=                |                        |  |
| FIRST PRESENTATION OF  | MULTIPLE DEPENDEN         | NT CLAIM                        |                          | J                 | +135=               |                        | OR             |                     |                        |  |
| * If the entry in column 1 is less than  | the entry in column 2, wr | ite "0" in co                   | olumn 3.                 | . •               | TOTAL               |                        | OR             | TOTAL               |                        |  |
| " It the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEEOH ADDIT, FEE |                           |                                 |                          |                   |                     |                        |                |                     |                        |  |